



CITY OF LIBERTY LAKE RECREATION REGISTRATION FORM

22710 E Country Vista Dr., Liberty Lake, WA 99019- (509) 755-6700- (509) 755-6713 fax

PLEASE PRINT

Participant's Name: Last: _____ First: _____ M.: _____
Gender: Male ☐ Female ☐ Date of Birth (if under 18 years): _____ T-shirt size: _____ youth/adult
Parent/Guardian's Name: Last: _____ First: _____ M.: _____
Mailing Address: _____ Apt.: _____
City: _____ State: _____ Zip: _____ Email: _____
Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____

Program name: _____ Program # _____ Fee: _____
Program name: _____ Program # _____ Fee: _____
Program name: _____ Program # _____ Fee: _____
Program name: _____ Program # _____ Fee: _____

PAYMENT:

TOTAL PROGRAM FEES: _____

Make checks or money orders payable to "City of Liberty Lake"

**Mailing address: City of Liberty Lake
Recreation Registration
22710 E. Country Vista Dr.
Liberty Lake, WA 99019**

LIABILITY WAIVER, RELEASE, & INDEMNITY AGREEMENT: I agree to release, indemnify, and hold the City, its agents, officers and employees harmless from any and all liability claims, actions, judgments, damages or injuries of every kind and nature whatsoever to the participant and/or his property arising from participation in activities for which the participant is registering. **I further acknowledge that I have familiarized myself with the description of the activities, understand the hazards and the participant's personal limitations and knowingly assume all risks.** I acknowledge I have read and understand this Liability Waiver, Release and Indemnity Agreement, **and understand that I am waiving any claim I might have against the City for any harm sustained as a result of any activity for which I am registering a minor child.** In case of an emergency I authorize permission for transportation to nearest and appropriate medical facility, and authorize emergency medical care if no one on this form can be reached.

Signature of Responsible Adult: _____ *Date:* _____

For publicity purposes I give permission to use any photos of people I am registering.

EMERGENCY CONTACT INFORMATION (for Day Camp & Water Programs)

Contact Name: _____ Relationship: _____
Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____
Physician's Name: _____ Phone Number: (____) _____
Preferred Local Hospital: _____
Insurance Carrier: _____ Policy Number: _____
Allergies: _____ Does your child have an EpiPen: Yes ☐ No ☐
Medications: _____ Schedule for Medications _____